

(CFA-4)

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) 2001 JA 16 AM 8: 3 Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No	or office	NAMES OF STREET OF STREET	MICH DAT ENTLAND
COMMITTEE INFORMATIO	ON		
1 Full Name of committee (as on Statement of Organization) Check if this is a n	ew name	Trust	ee
Acronym or Abbreviated Name (if any)		ttee Telephone Number	334
4. Mailing Address (address where all campaign finance correspondence is received) 870 Lanuary 57	Check if this	s a new address	
5. City, State. ZIP Code Cicero In 46034	70	Affiliation (if applicable)	er
CANDIDATE INFORMATION (For Candidate	's Committee	s Only)	
7. Full Name of Candidate (include any pickname) Joe Robbins	8. Party A	Affiliation or If Independent	Candidate
9. Office Sought (Include district number, if any, Not required for exploratory committee.)	10. Coun	ty of Residence	
Jackson Township Trustee	H	am, 170.	
TYPE OF REPORT		CALIFORNIA STATEMENT OF THE PARTY OF THE PAR	CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:	ention
Final/Disbarcs Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend States	nent of Organization)	Post-Conv	
12. Reporting Period: From: 10-14-06 Through: 1-15-07	COO RESE DOS	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		399,60	
14. Cash on hand and investments January 1, current year.	1		399,60
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		- A - A - A - A - A - A - A - A - A - A	- Cu - 00
15a. Itemized (use Schedule A)		541.88	541.88
15b. Unitemized	UPTOTAL	F111 C-0	21:1 08
	UBTOTAL	241.80	241.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	941.48	941,40
(Note: These amounts include in-kind expenditures and loan repayments.)	A STATE OF		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		941.48	941,48
17b. Uniternized		711, 10	/11/10
17c. Add lines 17a and 17b in both columns	SUBTOTAL	941.48	941.48
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.00	0.00-
19. Debts OWED BY the committee (use Schedule D)		0.00	THE REAL PROPERTY.
20. Debts OWED TO the committee (use Schedule E)	one made	0.00	Service of the
AFDTICATION.			OR OFFICE USE ONLY
Signature on File		NAME OF THE PARTY	ON STREET SECURE
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files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Hamilton County Republican Party	Contributions: Direct In-Kind (describe) Condidate Post Card		\$541.88	11/2/06
Tratudithop edit to einen llut erti ter di	Other Receipts: Interest Loan Misc. (specify)	al emen a rolustr	n entering a con	Joe Robbins
Contributor's Occupation (if required)		carried year to as		ns Ronasus
2. For in-fund contributions describe that	Contributions: Direct In-Kind (describe)	THER RECEIPT	о яо нопив	Toonsultant.*
	Other Receipts: Interest Loan Misc. (specify)	Initing as good, and office of the street of	polyong solves	pilican passible
Contributor's Occupation (if required)			being point	gen and not arrow
3.	Contributions: Direct In-Kind (describe)	TO-DATE: Enter	KATIVE YEAR	EHMN & CUMB Sons calendary
	Other Receipts: Interest Loan Misc. (specify)	ir year, the enti-	of each calend	TE RECEIVED
Contributor's Occupation (if required)	el dans mater besisper.	ne entitleditinos	arti anobudhina	led. For cash o
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	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year. MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 cer recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Joe Robbins doing business as Jackson Twp Trustee	J.T. Trustee	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	54188	541.88	11/2/06
Allisonville IVazarene Church	Coo Jan of goldstein - beneft - all rightstein of treats to the protection of treats to the control of the cont	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250,00	250,00	11/2/06
John Woods 408 W. South St Arcadia 46030	SHOOL OF THE PROPERTY OF THE P	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	149.60	149,60	11/2/06
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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	PUBLIC QUESTION	ON INFORMATION			
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pe of Question: Statewide	Local				
sition: Supported Oppose	ed				
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	INCURRED PAID		
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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